

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Cardiology Political Action Committee

ADDRESS (number and street)

2400 N St NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037-1153

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00375360

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☒ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Carlton G. Davids

Signature of Treasurer

Carlton G. Davids

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 02 / 01 / 2014

To:

 M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		46326.98
(b) Cash on Hand at Beginning of Reporting Period.....	129452.92	
(c) Total Receipts (from Line 19) .....	52904.02	139899.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	182356.94	186226.85
7. Total Disbursements (from Line 31) .....	6373.84	10243.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	175983.10	175983.10
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Cardiology Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
02 01 2014

To:

M M / D D / Y Y Y Y  
02 28 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

40809.22

115201.89

(ii) Unitemized .....

10862.99

22199.92

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

51672.21

137401.81

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

51672.21

137401.81

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

1231.81

2498.06

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

52904.02

139899.87

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

52904.02

139899.87

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1372.84	2742.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1372.84	2742.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1.00	1.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1.00	1.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6373.84	10243.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6373.84	10243.75

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	51672.21	137401.81
34. Total Contribution Refunds (from Line 28(d)) .....	1.00	1.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51671.21	137400.81
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	1372.84	2742.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1231.81	2498.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	141.03	244.69

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael B. Adesman M.D., F.A.**

Mailing Address 400 Woodward Rd

City State Zip Code  
Media PA 19063-4227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

INTERVENTIONAL CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 3EF0A9DB76F572B1F33

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Jay H. Alexander M.D., F.A.**

Mailing Address 2256 Carlyle Ct

City State Zip Code  
Buffalo Grove IL 60089-4695

FEC ID number of contributing  
federal political committee.

C

Name of Employer

North Shore Cardiologists, SC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 07 / 2014

Transaction ID : 4DB9A06A4B6B28696C6C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Harvey L. Alpern M.D., F.A.**

Mailing Address 1223 Wilshire Blvd  
# 756

City State Zip Code  
Santa Monica CA 90403-5406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Occupation

ADULT CARDIOLOGY

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2014

Transaction ID : 98FEADA98743AA3778A

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER:  
 (check only one)

PAGE 7 OF 38

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Frederick J. Barry M.D., F.A.**

Mailing Address 122 Barrington Dr

City

Oak Ridge

State

TN

Zip Code

37830-7669

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : 6700423F-58E4-4644-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. John N. Beattie M.D., F.A.**

Mailing Address 3300 Holiday Village Rd

City

Traverse City

State

MI

Zip Code

49686-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grand Traverse Heart Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : 245879181C5EF8ABD02

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Willie W. Bell M.D., F.A.**

Mailing Address 1108 Bimini Rd

City

Jacksonville

State

FL

Zip Code

32216-3218

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Vincent's Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2014

Transaction ID : 669D6E1D97EAF12D84C

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Robert E. Benton M.D., F.A.**

Mailing Address 9 Hunts End Ln

City Albany State NY Zip Code 12211-1956

FEC ID number of contributing federal political committee.

C

Name of Employer  
Samaritan Medical Arts Building

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 2A594C3B5E47AB14D02

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Neil Jeffrey Berman M.D., F.A.**

Mailing Address 4 Woods End Gatewood Drive

City Needham State MA Zip Code 02492

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 8FB6BBE9DD040B82DF8

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. John R. Bertuso M.D., F.A.**

Mailing Address 2050 Meadowview Pkwy

City Kingsport State TN Zip Code 37660-7475

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 25 / 2014

Transaction ID : 549ABC00DEB8D9792D0

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J. Bommer M.D., F.A.**

Mailing Address 4860 Y St  
Ste 2820

City State Zip Code  
Sacramento CA 95817-2307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UC Davis, Medical Center

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : 4D1699AA786902D9BAF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mounir Y. Borno F.A.C.C.**

Mailing Address 4802 N Loop 289

City State Zip Code  
Lubbock TX 79416-3025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiologists of Lubbock, P.A.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : 692A79FAB287F6FFB96

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Alberto A. Brizolara M.D., F.A.**

Mailing Address 1380 E Medical Center Dr  
Ste 1500

City State Zip Code  
Saint George UT 84790-2128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest Cardiology

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : 704C37C002F036843DB

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 38

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joseph G. Cacchione M.D., F.A.

Mailing Address 5740 Hickory Knoll Ct

City

Fairview

State

PA

Zip Code

16415-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic Foundation

Occupation

ADULT CARDIOLOGY

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : 48419F8B8AB79A3B4F8F

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Robert M. Campbell M.D., F.A.

Mailing Address 2835 Brandywine Rd  
Ste 300

City

Atlanta

State

GA

Zip Code

30341-5540

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sibley Heart Center Cardiology Emory U

Occupation

PEDIATRIC CARD.

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2014

Transaction ID : 987525E095503073700

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ranjiv S. Choudhary B.M., F.A.

Mailing Address 3220 Camino Del Sur

City

Lancaster

State

CA

Zip Code

93536-2835

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Antelope Valley Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
02 / 06 / 2014

Transaction ID : 3F90368E7CB4B960B02

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1625.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jose A. Colon M.D., F.A.**

Mailing Address Calle Pitrre #164

City

Rio Piedras

State

PR

Zip Code

00926-9030

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Urb. Montehiedra

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 19B194D2145BCA3F5F5**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Robert P. Croke M.D., F.A.**

Mailing Address 1894 Hillsboro Dr

City

Henderson

State

NV

Zip Code

89074-0925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Consultants of Nevada

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 1C676B30C43A3D0FAD9**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. George H. Crossley III, M.D.,**

Mailing Address 276 Stratton Pl

City

Brentwood

State

TN

Zip Code

37027-4228

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Thomas Heart

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : 44298B37E5832A1A7167**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Louis E. Cunningham M.D., F.A.**

Mailing Address 48 Medical Center Dr

City

Jackson

State

TN

Zip Code

38301-3947

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2014

Transaction ID : AD0D9F7B516181A29EB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rodoljub Z. Dimitrijevic M.D., F.A.**

Mailing Address 3361 Chickering Ln

City

Bloomfield Hills

State

MI

Zip Code

48302-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2014

Transaction ID : 4B3D36C8C7491232F85

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. John U. Doherty M.D., F.A.**

Mailing Address 432 Pine St

City

Philadelphia

State

PA

Zip Code

19106-4214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

Transaction ID : 4EA3EC07C2FB0396DC4

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fortune A. Dugan M.D., F.A.**

Mailing Address 4200 Houma Blvd

City

Metairie

State

LA

Zip Code

70006-2970

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Consultants of Louisiana

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : AB11AD74E9E7A76AFEB

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Raymond E. Dusman Jr., M.D.,**

Mailing Address 2109 Turnberry Ln

City

Fort Wayne

State

IN

Zip Code

46814-9394

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkview Physicians Group-Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 067C42E7D0B6622323D

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Richard Ericson M.D., F.A.**

Mailing Address 2712 Lake Front Ct

City

Modesto

State

CA

Zip Code

95355-2262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Heart Assoc. Medical Group

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

02 / 25 / 2014

Transaction ID : A87D961EC31D6DF8C3A

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Gregory P. Fazio M.D., F.A.**

Mailing Address 500 Shady Dell Rd

City

State

Zip Code

York

PA

17403-4426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Cardiac Diagnostics Assoc.

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : 92B54C16D080754879C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. David L. Fishman M.D., F.A.**

Mailing Address 5600 W Addison St  
Ste 505

City

State

Zip Code

Chicago

IL

60634-4466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 11 / 2014

Transaction ID : 5D49673A-24E6-4C3D-

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Philip J. Fitzpatrick M.D., F.A.**

Mailing Address 81 Campbell Rd

City

State

Zip Code

Bedford

NH

03110-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

New England Heart Institute

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

Transaction ID : 1B278497CBD465ABEC7

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 15 OF 38  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stefanie J. Fry M.D., F.A.**

Mailing Address 300 E Jefferson St

City

Boise

State

ID

Zip Code

83712-6246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 27 / 2014

Transaction ID : 889FE682ABE7DDB632B

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Garwood Gee M.D., F.A.**

Mailing Address 61 Canyon Rd

City

Berkeley

State

CA

Zip Code

94704-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : BC5E22F7440B53324E7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Sudhir K. Gupta M.B.B.S.,**

Mailing Address 4 Jarrot Dr

City

Shawnee

State

OK

Zip Code

74801-7565

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : 22026F2A01A5B060019

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

3000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Howard L. Haronian M.D., F.A.**

Mailing Address 6 Camelback Way

City

Westerly

State

RI

Zip Code

02891-5120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : 218CA4E6BA3B05D3684**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert C. Hendel M.D., F.A.**

Mailing Address 3553 Royal Palm Ave

City

Coconut Grove

State

FL

Zip Code

33133-6224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Miami School of Medicine

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : F90DD6A9FD663359917**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Robert E. Hobbs M.D., F.A.**

Mailing Address 2713 Dryden Rd

City

Shaker Heights

State

OH

Zip Code

44122-2701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cleveland Clinic

Occupation

HEART FAILURE/TRANSPLANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : 6EC56E7E19871650B82**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Mark T. Hoffmann M.D., F.A.**

Mailing Address 500 Wind Ridge Dr

City

Wausau

State

WI

Zip Code

54401-4173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiovascular Associates of Northern

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2014

Transaction ID : BF01606A632F16DE393

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Michael B. Honan M.D., F.A.**

Mailing Address 4329 Corinth Dr

City

Mountain Brk

State

AL

Zip Code

35213-1836

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CardioVascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 1D78D0D44C46770ECD1

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Daniel J. Humiston M.D., F.A.**

Mailing Address 1928 Maple Hollow Way

City

Bountiful

State

UT

Zip Code

84010-1041

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Utah Cardiology, PC

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.67

Date of Receipt

02 / 07 / 2014

Transaction ID : 4C9FA17200F3E54EC9E4

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1458.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dipti Itchhaporia M.D., F.A.**

Mailing Address PO Box 3696

City

Newport Beach

State

CA

Zip Code

92659-8696

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newport Coast Cardiology

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2014

Transaction ID : E004DA53DD306372722

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Mark E. Jacoby M.D., F.A.**

Mailing Address 1633 Amberley Ct SE

City

East Grand Rapids

State

MI

Zip Code

49506-4171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

West Michigan Heart, P.C.

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

Transaction ID : 714CE28958AB730FBA7

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Oscar R. Jenkins Jr., M.D.,**

Mailing Address 122 Braeside Cir

City

Asheville

State

NC

Zip Code

28803-3378

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Asheville Cardiology Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2014

Transaction ID : 155DEED937422F38828

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Richard A. Josephson M.D., F.A.**

Mailing Address 1988 Four Seasons Dr

City

Akron

State

OH

Zip Code

44333-1872

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Case Medical Center/University Hospi

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 25 / 2014

Transaction ID : 0D4AF70C9CA5EBD349F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Hari Joshi M.D.**

Mailing Address 3031 Village Dr

City

Center Valley

State

PA

Zip Code

18034-8446

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lehigh Valley Cardiology Associates

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 06 / 2014

Transaction ID : F2E2E225-1B14-4FA8-

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**c. Sheila Kar M.B.B.S.,**

Mailing Address 7820 Electra Dr

City

Los Angeles

State

CA

Zip Code

90046-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 514FA41EB637ACB50AF

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald P. Karlsberg M.D., F.A.

Mailing Address 414 N Camden Dr  
 Ste 1100

City State Zip Code  
 Beverly Hills CA 90210-4517

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 25 / 2014

Transaction ID : 5222CEAFAB073BB2A50

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Richard E. Katholi M.D., F.A.

Mailing Address 1989 Outer Park Dr

City State Zip Code  
 Springfield IL 62704-3387

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Prairie Cardiovascular Consultants Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 28 / 2014

Transaction ID : 3E96C93E74275CC887E

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Jerry D. Kennett M.D., M.A.

Mailing Address 4614 Copperstone Ct

City State Zip Code  
 Columbia MO 65203-1696

FEC ID number of contributing  
 federal political committee.

C

Name of Employer

Missouri Cardiovascular Specialists

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 07 / 2014

Transaction ID : 47FFAFEE0E35A260D830

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Fred M. Kusumoto M.D., F.A.**

Mailing Address PO Box 2396

City State Zip Code  
Tijeras NM 87059-2396

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2014

Transaction ID : F180C89703A00764643

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Thomas D. Legalley M.D., F.A.**

Mailing Address 1 Marquette Dr

City State Zip Code  
Marquette MI 49855-5232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Upper Michigan Cardiovascular Associat

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : E59BF52EE587BF3524A

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thomas J. Lewandowski M.D., F.A.**

Mailing Address 113 Limekiln Dr

City State Zip Code  
Neenah WI 54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Appleton Cardiology ThedaCare

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

02 / 07 / 2014

Transaction ID : 47AAB13BCDB2E17EA435

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1458.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stephen John Lewis M.D., F.A.**

Mailing Address 6824 Miami Bluff Dr

City State Zip Code  
Cincinnati OH 45227-4331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiology Center of Cincinnati

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : A74ABAD6ADA81347427**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Peter E. Linz M.D., F.A.**

Mailing Address 777 Jacqueline Ct

City State Zip Code  
Encinitas CA 92024-6657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United States Navy

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2014

**Transaction ID : AC0C3DB57FE1272FA80**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Timothy N. Logemann M.D., F.A.**

Mailing Address 500 Wind Ridge Dr

City State Zip Code  
Wausau WI 54401-4173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Associates of Northern W

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

**Transaction ID : EC43A21DB565057E10B**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 38  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bruno Manno M.D., F.A.**

Mailing Address 1275 Fritz Cir

City

Huntingdon Vy

State

PA

Zip Code

19006-5904

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 553351E2336789FA3BD**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B. Joseph Edward Marine M.D., F.A.**

Mailing Address 12205 Happy Hollow Rd

City

Cockeysville

State

MD

Zip Code

21030-1738

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Johns Hopkins University School of Med

Occupation

ELECTROPHYSIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

**Transaction ID : 9D02FF9A237D85828BF**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dale S. McDowell Jr., M.D.,**

Mailing Address 11215 Merganser Rd

City

Klamath Falls

State

OR

Zip Code

97601-8629

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Klamath Heart Clinic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : 957032229E9632C44CD**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1600.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Prabodh M. Mehta M.B.B.S.,**

Mailing Address 1110 Cave Run Ln  
Ste A

City State Zip Code  
Elizabethtown KY 42701-5541

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Cardiology Associates

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 28 / 2014

**Transaction ID : 440DB8367F5C2511F19**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Margo B. Minissian ACNP-BC, M**

Mailing Address 444 S San Vicente Blvd  
Ste 600

City State Zip Code  
Los Angeles CA 90048-4174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cedars Sinai Heart Institute Womens He

Occupation

PREVENTIVE CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

368.00

Date of Receipt

MM / DD / YYYY  
02 / 16 / 2014

**Transaction ID : 4FB59A6947A0E0703D79**

Amount of Each Receipt this Period

184.00

Full Name (Last, First, Middle Initial)

**c. Navin C. Nanda M.D., F.A.**

Mailing Address 4240 Kennesaw Dr

City State Zip Code  
Mountain Brk AL 35213-3310

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2014

**Transaction ID : A2B6269DB336C47FA80**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

684.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 38

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Daniel J. Newton M.D.**

Mailing Address 2628 Pickerington Way

City State Zip Code  
Hudson OH 44236-4921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northeast Ohio Cardiovascular Speciali

Occupation  
INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 25 / 2014

Transaction ID : AF178997E0B25B1FCA4

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Nicola B. Nicoloff M.D., F.A.**

Mailing Address 12100 Mallards Xing

City State Zip Code  
Petersburg OH 44454-9735

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : C345B64CBF8A4886E6F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. John I. Nwogu M.B.B.S.,**

Mailing Address 157 Canadian Pass

City State Zip Code  
Oxford AL 36203-3995

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cardiovascular Clinic of Anniston

Occupation  
ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 8034BF8A9EBA35A531B

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. William J. Oetgen M.D., M.B.**

Mailing Address 647 First St

City

Alexandria

State

VA

Zip Code

22314-1511

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2014

Transaction ID : DAA17F0A543C3234D2F

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Donald A. Page M.D., F.A.**

Mailing Address 55 Whitcher St NE  
Ste 350

City

Marietta

State

GA

Zip Code

30060-1129

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wellstar Cardiovascular Medicine

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2014

Transaction ID : 7F844EA75E13EBECABD

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Atul A. Ramachandran M.D., F.A.**

Mailing Address 13231 Nicholas Cir

City

Omaha

State

NE

Zip Code

68154-5134

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Alegent Health Heart & Vascular

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
02 / 25 / 2014

Transaction ID : FF7764AFFDC5A7A4102

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Michael E. Ring M.D., F.A.**

Mailing Address 122 W 7th Ave  
Ste 450

City State Zip Code  
Spokane WA 99204-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Heart Clinics Northwest

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 06 / 2014

**Transaction ID : 05997250-E126-4E70-**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Kenneth Rosenfield M.D.**

Mailing Address 158 Prince St

City State Zip Code  
Newton MA 02465-2604

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Massachusetts General HospitalCardiolo

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.18

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

**Transaction ID : F7FE385CCEC70B22C4A**

Amount of Each Receipt this Period

1000.18

Full Name (Last, First, Middle Initial)

**C. John A. Rousou M.D., F.A.**

Mailing Address 759 Chestnut St

City State Zip Code  
Springfield MA 01107-1619

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baystate Medical Center

Occupation

CARDIOVASC. SURG.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 25 / 2014

**Transaction ID : B0326D1150CCBE41F3F**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.18

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American College of Cardiology Political Action Committee

Full Name (Last, First, Middle Initial)

A. Howard S. Rubin M.D., F.A.

Mailing Address 31 E Terrace Dr

City

Houston

State

TX

Zip Code

77007-7037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Houston Cardiovascular Associates

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

Transaction ID : E99B4F0D8E4B855E79C

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Victor M. Salgado M.D., F.A.

Mailing Address Las Praderas #6  
Bo. Pueblo

City

Hatillo

State

PR

Zip Code

00659

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Centro Cardiovascular de Arecibo

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIO

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

Transaction ID : 9899BADC8803B777388

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sirumugai M. Saravanan M.B.B.S.,

Mailing Address 1116 N 16th St

City

Lafayette

State

IN

Zip Code

47904-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clarian Arnett Health

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	1	4

Transaction ID : BD3D4BD9D9706DF4137

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bernard L. Segal M.D., F.A.**

Mailing Address 1237 E Durham St

City

Philadelphia

State

PA

Zip Code

19150-2801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Thomas Jefferson University Hospital J

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : C023B28A3D02D384B5B

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David L. Smith M.D., F.A.**

Mailing Address 4765 Twinbrook Cir

City

Doylestown

State

PA

Zip Code

18902-1285

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Central Bucks Specialists Ltd

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

Transaction ID : 0BF8758EE82772E6D2C

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Howard M. Staniloff M.D., F.A.**

Mailing Address 501 E Hardy St  
Ste 215

City

Inglewood

State

CA

Zip Code

90301-4089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2014

Transaction ID : 650FAC1501EB248F344

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 38  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. A. Cyrus Tahernia M.D., F.A.**

Mailing Address 11776 Stratford House Pl  
Apt 804

City Reston State VA Zip Code 20190-3383

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

PEDIATRIC CARD.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

Transaction ID : A3212A7DE0146644AAF

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Marc A. Tecce M.D., F.A.**

Mailing Address 5 Great Woods Ln

City Malvern State PA Zip Code 19355-9697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 8CBCC60469E31B3FEC6

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Suma A. Thomas M.D., F.A.**

Mailing Address 7620 Old Georgetown Rd  
Apt 1214

City Bethesda State MD Zip Code 20814-6182

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self-Employed

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.68

Date of Receipt

02 / 25 / 2014

Transaction ID : 498095720586932AFCDP

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

758.34

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Edward Robert Tuohy IV, M.D.,**

Mailing Address 84 Merry Meet Ctr

City

Fairfield

State

CT

Zip Code

06824-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiac Specialists, P.C.

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 04 / 2014

Transaction ID : EE06A7E6D3E92EF15F1

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Hector O. Ventura M.D., F.A.**

Mailing Address 1514 Jefferson Hwy

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ochsner Clinic FoundationDept of Cardi

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 06 / 2014

Transaction ID : F537C4C0D373BBF5C2F

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Thad F. Waites M.D., F.A.**

Mailing Address 1017 Richburg Rd

City

Hattiesburg

State

MS

Zip Code

39402-9055

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern Heart Center

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

02 / 07 / 2014

Transaction ID : 4225A22E8E0E92502ABC

Amount of Each Receipt this Period

208.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

708.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Steven S. Walker M.D., F.A.**

Mailing Address 1926 Collingswood Rd

City

Columbus

State

OH

Zip Code

43221-3740

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Columbus Cardiology Consultants Inc

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : D048B34DB364FDEDADA**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Howard T. Walpole Jr., M.D.,**

Mailing Address 31 Northumberland

City

Nashville

State

TN

Zip Code

37215-4123

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.34

Date of Receipt

02 / 07 / 2014

**Transaction ID : 48E9A4F8E0F7440146C7**

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**C. James G. Warner Jr., M.D.,**

Mailing Address 813 Armistead St  
Ste 201

City

Winchester

State

VA

Zip Code

22601-6705

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Cardiology and Vascular Med

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2014

**Transaction ID : 4388E1B2246EE5B5ECB**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

958.34



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jerry E. Watson M.D., F.A.**

Mailing Address 945 82nd Pkwy  
Ste 3

City State Zip Code  
Myrtle Beach SC 29572-4612

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cardiology Gastroenterology Assocs PA

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 27 / 2014

Transaction ID : BCA908FB27999911BA3

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. W. Douglas Weaver M.D., M.A.**

Mailing Address 474 Townsend St

City State Zip Code  
Birmingham MI 48009-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
02 / 06 / 2014

Transaction ID : 1437158DB71E60BCEB0

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Paulette S. Wehner M.D., F.A.**

Mailing Address 1249 15th St  
Ste 4000

City State Zip Code  
Huntington WV 25701-3663

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Cardiovascular

Occupation

INTERVENTIONAL CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
02 / 04 / 2014

Transaction ID : 2138B08F1F0965226F1

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kim Allan Williams Sr., M.D.,**

Mailing Address 1135 Shelby St

City  
Detroit

State  
MI

Zip Code  
48226-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wayne State University School of Medic

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 04 / 2014

Transaction ID : 04E9A7EF1364D802D0E

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Lambert A. Wu M.D., F.A.**

Mailing Address 1524 NW Grove Ave

City  
Topeka

State  
KS

Zip Code  
66606-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Cotton O'Neil Heart Center

Occupation

ECHOCARDIOLOGY/ECHOCARDIOGRAPHY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.68

Date of Receipt

02 / 07 / 2014

Transaction ID : 42B4A5A095CE0A0AD666

Amount of Each Receipt this Period

208.34

Full Name (Last, First, Middle Initial)

**c. Janet Fredal Wyman MSN, NP, A**

Mailing Address 960 Westchester Rd

City  
Grosse Pointe Park

State  
MI

Zip Code  
48230-1830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Henry Ford Hospital

Occupation

CLINICAL CARDIOLOGY/GENERAL CARDIOI

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 27 / 2014

Transaction ID : 8429867F1506B754000

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1458.34

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Kabir Yousuf M.D.**

Mailing Address 207 Glyndon Meadow Rd

City

Reisterstown

State

MD

Zip Code

21136-6438

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-Employed

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : D515A6505A622FA86F7

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Vincent Paul Zuck M.D., F.A.**

Mailing Address 808 Fairfax Ct

City

Springfield

State

IL

Zip Code

62702-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Prairie Cardiovascular Consultants

Occupation

ADULT CARDIOLOGY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : A61B5FE954F36447C2E

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

550.00

40809.22

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. American College of Cardiology - Admin Account**

Mailing Address P.O. Box 85024

City State Zip Code  
 Richmond VA 23285-5024

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2498.06

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 18 2014

Transaction ID : C08A079DD072710088D

Amount of Each Receipt this Period

1231.81

Reimbursement for January Amex Fees and February Merchant Fees

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1231.81

1231.81

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American College of Cardiology Political Action Committee

Category/  
Type

State:  District:

Category/  
Type

State:  District:

Category/  
Type

State:  District:

1372.84

1372.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American College of Cardiology Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Pat Toomey**

Mailing Address 228 S. Washington St., Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement  
2016 Primary

011

Candidate Name

**Patrick Joseph Toomey**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2016  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : 0CEDDE3AE0833E85F7F

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Friends of Sessions Senate Committee Inc**

Mailing Address PO Box 4278

City	State	Zip Code
Montgomery	AL	36103

Purpose of Disbursement  
2014 Primary

011

Candidate Name

**Jefferson Beauregard Sessions**Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2014

Transaction ID : DE63BDEB75A3712B387

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5000.00

5000.00